

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Voice PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00497412	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jameson Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2014</b>	
Mailing Address <b>348 Mill St.</b>		Amount <b>10000.00</b>	
City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89501</b>	Transaction ID : <b>SE.7921</b>
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2014</b>
Name of Federal Candidate <b>KEVIN WADE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>DE</b>
Calendar Year-To-Date Per Election for Office Sought		<b>59067.89</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>JD MINIEAR</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2014</b>	
Mailing Address <b>PO BOX 721</b>		Amount <b>2500.00</b>	
City <b>BEACH GROVE</b>	State <b>IN</b>	Zip Code <b>46107</b>	Transaction ID : <b>SE.7920</b>
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2014</b>
Name of Federal Candidate <b>KEVIN WADE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>DE</b>
Calendar Year-To-Date Per Election for Office Sought		<b>61567.89</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>12500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Fee

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Voice PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00497412	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>RICK TRADER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2014</b>	
Mailing Address <b>766 MAPLE RD</b>		Amount <b>3000.00</b>	
City <b>DEPTFORD</b>	State <b>NJ</b>	Zip Code <b>08096</b>	Transaction ID : <b>SE.7923</b>
Purpose of Expenditure <b>MEDIA PRODUCTION</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2014</b>	
Name of Federal Candidate <b>KEVIN WADE</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>DE</b>	
Calendar Year-To-Date Per Election for Office Sought <b>64567.89</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>15500.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Fee

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2014**

Signature